sensibility and micturition is natural; the pupils are unaffected. [The patellar tendon reflex where mentioned was abolished.]

The author thinks that the primary lesion is to be found in the medulla, possibly also in the cerebellum. If the spinal cord be implicated (as it certainly was in Friedreich's cases), the posterior columns are not the only, nor even the principal seat of the disease.

Case with Tumours in the Fourth Ventricle, unaccompanied by special Nervous Symptoms. BY H. D. SCHMIDT, M.D. (*Journal of Nervous and Mental Disease*, July 1882.)—The patient, a negro, ætat. 30, who had had secondary syphilis, died of acute pneumonia and pericarditis, without exhibiting any symptoms of intra-cranial tumour.

Post-mortem, there were found :

(1) A lobulated tumour measuring 25 mm. $\times$ 13 $\times$ 10, attached by a ribbon-like pedicle to the posterior surface of the right restiform body, pressed upon from above by the right tonsil of the cerebellum, and filling up a considerable portion of the fourth ventricle

(2) A smaller, measuring 8 mm. $\times$ 3, situated similarly on the left restiform body, but without a pedicle.

The tumours were very vascular; their microscopic structure was that of gliomata.

The medulla was tough, like india-rubber, but its minute structure was natural.

The author remarks on the symmetry of the tumours, and on the absence of symptoms, though he raises the question whether the pneumonia may not have had something to do with pressure on the pneumogastric nucleus.

Two Cases of Diphtheritic Spinal Ataxia. BY DRS. JULIUS RUDISCH AND GEORGE W. JACOBY. (*Archives of Medicine*, December 1882.)—Two cases are given from the author's own observation illustrating a form of diphtheritic paralysis resembling locomotor ataxy.

CASE 1.—Male, ætat. 20. Mild attack of diphtheria; two weeks afterwards, transient paralysis of soft palate; next, weakness of legs, then of hands. In lower limbs, there was some anæsthesia of the soles, ataxic gait, unsteadiness on closing eyes. In upper limbs, retardation of sensation, want of precision in fine movements. Patellar tendon reflex absent. Electro-contractility of

muscles normal. No cerebral symptoms. In rather more than a year, all the symptoms had disappeared, except that the patellar-tendon reflex was still absent. In a year more this also had returned.

CASE 2.—Male. Diphtheria, followed in two weeks by paralysis of the palate. In three weeks more, severe shooting-pains in legs and arms; then unsteadiness of gait. When seen, his gait was ataxic, he could not stand with his eyes shut, or walk in the dark. Fingers numb, fine movements of hands difficult. Patellar tendon reflex absent. Action of pupils normal. Electro-contractility of muscles normal. In seven months he completely recovered, and the patellar tendon reflex had returned.

A third case is quoted from Rumpf.

From the symptoms, the authors conclude that the posterior columns were affected, though on reviewing the investigations that have been made into the pathological anatomy of diphtheritic paralysis, it appears that actual lesion of this part has not as yet been found post-mortem.

Case of Myxedema. BY ELIZABETH M. CUSHIER, M.D. (*Archives of Medicine*, Dec. 1882.)—Female, ætat. 57. Her general health had fallen off since nervous shocks in 1861. Within a few years after that time, swelling of the face was noticed, inactivity, slight deafness. When first seen by author (1877), the legs were cedematous, the tissues of the face thickened, the eyelids baggy, suggesting Bright's disease, but there was no albuminuria.

She improved under tonics and diuretics.

After two years there was a return of the cedema in the legs, vesicles formed and became inflamed and ulcerated: the walk was slow and clumsy; she was slow in rising from the chair or lifting her head. No anæsthesia.

The face gradually became more characteristic; the aspect expressionless, the cheeks firm, waxy, rosy pink in colour: the skin round mouth and eyes white and transparent; the lips motionless. Temperature subnormal, pulse slow.

Subsequently the cardiac dulness became much increased in area: the abdomen swelled. She died in June 1882, after an attack of facial dermatitis, and inflammation of the left upper arm.

Post-mortem.—The subcutaneous tissue of the neck seemed infiltrated with transparent material: the heart was hypertrophied, the kidneys rather large. In all these organs there was